					SION OF HEALTH - STAND	ARD CEI	RTIFICATE C				52-0	48917
	RTMENT					ery Registration	District No. 54	Registrar's No	3680	S	TATE FILE NU	ABER
DO NOT WRITE ON THIS STUB	AME	NDED		_	FILED JAN 1 of 1963	•						<del></del>
vs 300	ا اما		<u> </u>		. PLACE OF DEATH 6 COUNTY St. Louis			a. STATE MC		DUNTYSt.		Residence before admission)
· Rev. 4/59					b. CITY (If outside corporate limits, give TOWNS	HIP only)	Length of stay in 1b				20415	Inside Limits
	AMENDED				TOWN Clayton	<b>-</b> -	24 days	II On	ryland	Hghts.	, Mo.	Yes 🙀 No 🗋
4002			11	-	c. FULL NAME OF (If NOT in hospital, give locati		Inside Limits	d. STREET ADDRESS	(If	cutside, give l	ocation)	Reside on Farm
24000	DATE			Ì _	institution t. Louis Cour	ty Hos	p. Yendx No□	1	45 Edge	worth,		Yes No 🏋
3 2			7	=	3. NAME OF DECEASED First		Middle	Last	4. DATE	Month	Day	Year
			11	_	(Type or print) Harry			Bonar	OF DEATH	Dec.	15.	1962
4 0				=	5. SEX 6. COLOR OR RACE	7. Married [			9. AGE (last b			IF UNDER 24 HR
5 0	1 1 1			l _	M W	Widowed		io − τ τ − 00	76			]
6	,]		1 1	11	0a. USUAL OCCUPATION (Give kind of work done dering most of working life, even if retired)	_	_	RY 11. BIRTHPLACE				WHAT COUNTRY
————	5			٠,	during most of working life, even if retired)	Farm	ling OTHER'S MAIDEN NA	St. Lo	uis, Mo	AME OF HUSBA	U.S.	<u>A .                                   </u>
7 0	<b>{     </b>			1.	Ga. FATHER'S NAME						IND OK WIFE	
8	2],			<del>-,</del>	John B. Bonar		elilah C.	Grier		None		<del></del>
	?		,		(es, no, arrunknown) (if yes, piverwer or dates of s	ervice			ر ما 1. و مد مع	Marylia	hd_Hgh	ts., Mo.
94500	됩		<u> </u>				. enti (c).	Leona Bo	nar-145	₽08 <b>9</b> M	INT	ERVAL BETWEEN
10			H.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		A	- 1			ON	ISET AND DEATH
11	[   의		DOCUMENT	1	IMMEDIATE CAUSE (a)	Longei	two Heart_	tailure			<del></del>	<del></del>
	EAD		ŏ		<b>公司 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>	7 <b>(7</b> 12413):	e da annonaras	A . 0	•		}	
1245-0	, ISI				Conditions, if any, which gave rise to	Jener.	Majeril Ill	Lering chen	0545			
13			_		above cause (a), stating the under- te covy into: living: cause, last big DUE-TO(c	\ \						
	[	1	ale te	z	PART II. OTHER SIGNIFICANT CO			ITH but not related to	the terminal	PART III. If	deceased v	was female was
	- I - I - I			Ţ	disease condition given in	PART I (a)		1		· -	ere a pregnan	cy in last 90 days.
		1-1-		υŽ	Inestive Kheumatic Healt	priess	e: Left Pr	rensonite	À		Ýes' 🗆 N	<u>.                                     </u>
NO	<b>[                                    </b>			CERTII	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   PERFORMED?	HOMICIDE	206. DESCRIBE HO	OV INJÜRY OCCURRED	D. (Enter nature of ! โดกจะรอตุ ym	injūry in PART Taboui God	ั Lor PART II : ม่าอพ	of item 18.)
	<u> </u>			_	YES 10 NO 🗆							
Z		_		MEDICA	20c. TIME OF Hour Month, Day, Year	ხიოგიმ	gapaganapalahis/daulahana naparaha, gadagalaha				Stude	
¥ 8	`	.	ŀ	WEI	p.m.		<del>_</del> <del>_</del> ;	Stydent Embalmer				
C INK RIBBON	111				WHILE AT WORK farm for	OF INJURY (e.c ictory, street, o	ffice bldg., etc.)	20f. CITY, TOWN, O	r LOCATION	CC	UNTY	STATE
			·   · -		NOT WHILE AT WORK T							G
402	READ		1		21. I attended the deceased from 11-2	1- 196	<del></del> ,	15-19620	d last saw him ali	ive on 12-	15-1	962
USE BLACI OR YPEWRITER		-	•		Death occurred at	12:00	PM on t	the date stated above,	and to the best of	f my knowledg	e, from the ca	uses stated.
USE	SHOULD		, Q	ulio	22a SIGNATURE PORT STORY STATE SEPTIME	ed or, title)	YE TVIE DICKY	1324 ADDRESS TOU	ha above M	ī :etolá		22c. DATE SIGNED
ן אַ ר	똟ㅣㅣ				11 R. of Yaras	T . ///		6010000		the above	with	12-17-62
		+	AFFIDAVIT	2:	3. BURIAL, COMATION, 236 DATE		OF CEMETERY OR GR	DENT, NYNOTAMA	23d. 1OCATION:			(State)
	NO.		딘	F	REMOVAL (Specify) Burial 12-18-196	2 Fee	Fee' Ceme	etery, counts i	Bridget	on' Mi	ssouri	
	EX			2	BAUMANN BROS. INC. FUNERA	ESHOME	25. DA	ATE RECD. BY LOCAL R	EG. 26. PEGIS	STRAR'S SIGNAT	IURE	brod
			ΒY		_ 2504 WOODSON ROA			2-17-6	スーメ	club. 17	Jurgley	
'		•	•	_	OVERLAND 14 MISSOL		ensed Embalmer's State	ement on Reverse Side)	Ø	-	9	

## Statement by Licensed Embalmer

working under my personal supervision.  Student					or by	
a(l) = l + l + l + l + l + l + l + l + l + l	0			•	-	
udant Signad Variable &	- //		personal supervision.	ig under my	orking	
udone Signod (1) TO HOS (1)	9 Gillians	at/a $i$			_	
	e. Misson	Signed Carried		t	udent	
Signature of Student Embalmer	· -		Signature of Student Embalmer			

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

4 . . & 3. A